



Birth Defects & Developmental Disabilities Hereditary Blood Disorders Human Development and Disability

Fall Meeting of the External Partners Group Supporting the Efforts of the
CDC National Center on Birth Defects and Developmental Disabilities

Thursday, September 25, 2003 10:00 a.m.-3:00 p.m.
LOCATION: WASHINGTON, DC

REGISTRATION FORM

NAME: _____

POSITION: _____

ORGANIZATION: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

ANY SPECIAL NEEDS? _____

If there are additional staff within your organization who cannot attend the conference but who you would like to be added to the NCBDDD External Partners Email ListServ, please submit their information below:

NAME: _____

POSITION: _____

PHONE: _____ FAX: _____

EMAIL: _____

NAME: _____

POSITION: _____

PHONE: _____ FAX: _____

EMAIL: _____

Participants are responsible for their own travel expenses. Additionally, there is a \$25 registration fee to help assist with the costs of the facility/equipment rental and lunch. Please plan to pay in cash or by check upon your arrival on 9/25/03.

Please e-mail or fax completed forms to Serena Lowe at sdlowe@bakerd.com or (202) 312-7441
or Barbara Kilbourne at bwk1@cdc.gov or (404) 498-3084